



## Sponsorship Authorization Form

Office of the Bursar · Campus Box 92  
P.O. Box 173362 · Denver, CO 80217-3362  
Phone (303) 615-0070 · Fax (720) 778-5809

*Where success begins with you...*

Since its inception, Metropolitan State University of Denver has played an important role in educating Denver's workforce. The Sponsorship Payment Program makes it easier and more convenient for employers/sponsors to pay for the educational costs of their beneficiaries. This mutual agreement between sponsors and MSU Denver allows for a direct billing option for payment of tuition and fees.

To initiate the direct billing option, please complete and submit the attached form to Office of the Bursar.

### **Sponsorship Authorization Form Instructions:**

1. An authorized representative must complete this form.
2. Submission of this form does not automatically qualify the organization for eligibility into the Sponsorship Payment Program.
3. Sponsor authorizations must guarantee payment of tuition and/or fees to MSU Denver **without restrictions relating to the beneficiary's academic performance**.
4. Office of the Bursar must receive the Sponsorship Authorization Form/Voucher no later than payment deadline which is the Friday prior to the first day of classes. (see our academic calendar for specific dates: <http://www.msudenver.edu/events/academic/>) This will ensure that the student will avoid service charges.
5. Billing is initiated on a semester basis. Consequently, a Sponsorship Authorization Form, letter of credit, or Voucher must be submitted each semester a student continues with MSU.
6. An invoice for eligible students will be sent out only **after the Census Date**, which is the last day to add or drop classes.
7. Any account not paid in full by the end of the authorized semester shall restrict the beneficiary's ability to register for classes for subsequent semesters.
8. Any account with an unpaid balance at the end of the sponsorship term will become the responsibility of the student.

### **Please Note**

If your company/organization has any billing requirements or restrictions which are not listed on the Sponsorship Authorization Form, please attach these requirements when submitting your request.

If you have any questions, please feel free to contact us.

**Third Party Billing**  
MSU Denver | Office of the Bursar  
Campus Box 92 | P.O. Box 173362  
Denver, CO 80217  
Phone: 303-615-0070  
Fax: 720-778-5809  
[bursar@msudenver.edu](mailto:bursar@msudenver.edu)

## **(1) Provider's Information**

Name of Organization \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person's Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

## **(2) Specific Billing Instructions**

Provider will pay for: (Please select an option below. If these options do not match your program, please attach a document with your organization's billing instructions).

- 100% of all costs (Costs may include drop fees and late fees)
- Tuition only (beneficiary responsible for payment of fees)
- \$ \_\_\_\_\_ per credit hour
- Partial tuition and fees: Percentage \_\_\_\_\_ % or Dollar Amount \$ \_\_\_\_\_

Should your payment be considered the last dollar in? (Would you like us to reduce your bill or send you a refund for your payment, if the student receives any other form of financial assistance?)

- Yes, reduce my bill/refund me if any other forms of financial aid is received by the student(s).
- Yes, but do not reduce the bill/do not refund me if the aid is merit-based.
- No, I don't care if the student(s) receive any other aid.

## **(3) Beneficiaries**

The following beneficiaries will be enrolling at The Metropolitan State University of Denver for:

Fall Term    Summer Term    Spring Term      Year

Beneficiary's Name (Last, First)

Student ID # or Last 4 of SSN

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For additional beneficiaries covered under this program, simply create an additional list and submit along with this form.

## **(4) Preferred Payment Methods**

Please select one or all that apply:

Check

EFT/Wire Payment

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**Provider's Name (Print)**

**Provider's Signature**

**Date**